

FILED

**AFFIDAVIT ACCOMPANYING MOTION FOR  
PERMISSION TO APPEAL IN FORMA PAUPERIS**  
United States Court of Appeals  
for the Seventh Circuit

AUG 5 2008 MB  
AUG 5, 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.

JAMES E. MCROY

) Appeal from the United States District Court for the  
) NORTHERN District of ILLINOIS

v. Case No. \_\_\_\_\_

District Court No. 08C 2741MICHAEL F. SHEAHANDistrict Court Judge RUBEN CASTILLO**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:

James E. McRoy**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks; if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: JULY 24, 2008

My issues on appeal are: 1). THAT MY COMPLAINT WAS BASED ON THE SAME CONDUCT AND GREW OUT OF THE SAME TRAN. OR OCCURRENCE IN ORIGINAL PLEADING. 2). BY DUE DILIGENCE THE NEWLY DISCOVERED EVIDENCE COULD NOT HAVE BEEN DISCOVERED, SHOWS THE EVENTS WHICH HAPPENED SINCE THE DATE OF THE PLEADING THE COURT COULD OF GRANTED PLEADINGS. 3). THAT MY CLAIM CONFORMED TO THE EVIDENCE, EVEN WHEN ISSUES WAS NOT RAISED BY THE PLEADINGS ARE BY EXPRESS OR IMPLIED CONSENT.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>245.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>NONE.</u>	\$ <u>245.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly income:</b>	\$ <u>245.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NONE.	NONE.	NONE.	0.00
NONE.	NONE.	NONE.	0.00
NONE.	NONE.	NONE.	0.00

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NONE.	NONE.	NONE.	0.00
NONE.	NONE.	NONE.	0.00
NONE.	NONE.	NONE.	0.00

4. How much cash do you and your spouse have? \$ \_\_\_\_\_

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NONE.	NONE.	NONE.	0.00
NONE.	NONE.	NONE.	0.00
NONE.	NONE.	NONE.	0.00

*If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.*

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
0.00	0.00	Make & year: NONE.
0.00	0.00	Model: NONE.
0.00	0.00	Registration # NONE.
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: NONE.	0.00	0.00
Model: NONE.	0.00	0.00
Registration # NONE.	0.00	0.00

## 6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NONE.	0.00	0.00
NONE.	0.00	0.00
NONE.	0.00	0.00

## 7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
BRANDON J. MCROY	SON	11
KAILA J. MCROY	DAUGHTER	7
CHILD SUPPORT (DUE)	DAUGHTER	DO NOT KNOW

## 8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ 0.00	\$ 0.00
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0.00	\$ 0.00
Home maintenance (repairs and upkeep)	\$ 0.00	\$ 0.00
Food	\$ 0.00	\$ 0.00
Clothing	\$ 0.00	\$ 0.00
Laundry and dry-cleaning	\$ 0.00	\$ 0.00
Medical and dental expenses	\$ 0.00	\$ 0.00
Transportation (not including motor vehicle expenses)	\$ 0.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)	\$ 0.00	\$ 0.00
Homeowner's or renter's		

Life	\$ <u>0.00</u>	\$ <u>0.00</u>
Health	\$ <u>0.00</u>	\$ <u>0.00</u>
Motor vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>NONE.</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>0.00</u>	\$ <u>0.00</u>
Installment payments	\$ <u>0.00</u>	\$ <u>0.00</u>
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit card (name): <u>NONE.</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Department store (name): <u>NONE.</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>NONE.</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>0.00</u>
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>NONE.</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly expenses:	\$ <u>0.00</u>	\$ <u>0.00</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes [ ] No If yes, describe on an attached sheet. WILL BE SEEKING EMPLOYMENT, ONCE RELEASED FROM COOK COUNTY JAIL.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

[ ] Yes ☒ No If yes, how much? \$ 0.00

If yes, state the attorney's name, address, and telephone number:

NONE.

NONE.

NONE.

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[ ] Yes ☒ No If yes, how much? \$ 0.00

If yes, state the person's name, address, and telephone number:

NONE.

NONE.

NONE.

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I AM INCARCERATED AS A PRETRIAL DETAINEE AT COOK COUNTY DEPARTMENT OF CORRECTIONS (COOK COUNTY JAIL). I AM INDIGENT AND UNABLE TO PAY THE DOCKETING FEES FOR THIS APPEAL. I RECEIVE HELP OCCASIONALLY AS A GIFT, SEE ATTACHED ACCOUNT BALANCE FROM INMATE'S ACCOUNT ACTIVITY OF TRANSACTIONS. ALSO, SEE MOTION FOR APPOINTMENT OF COUNSEL ON APPEAL.

13. State the address of your legal residence.

JAMES E. McROY, ID# 20020032025

P.O. BOX 089002

CHICAGO, ILLINOIS, 60608

Your daytime phone number: ( ) NONE.

Your age: 43 Your years of schooling: 16

Your social-security number: 340-62-1121

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 7/24/08

James E. McRoy  
Signature of Applicant  
JAMES E. McROY  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**  
(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant named herein, JAMES E. McROY, ID.# 20020032025, has the sum of \$ 10.70 on account to his/her credit at (name of institution) CC DOC.

I further certify that the applicant has the following securities to his/her credit: 0. I further certify that during the past six months the applicant's average monthly deposit was \$ 20.33.

(Add all deposits from all sources and then divide by number of months).

7/24/08  
DATE

J. A. Martinez  
SIGNATURE OF AUTHORIZED OFFICER

J. A. MARTINEZ  
(Print name)

## Resident Funds Inquiry

Current User Name: PROGSERV Logout

ResId: 20020032025

Submit

Resident Id: 20020032025

Resident Name: MCROY, JAMES E.

Date of Birth: 1964-09-26

Location: 092G -20 -87

Account Activity:

Prior History

Date	Transaction Type	Transaction Description	Amount	Balance	Due	Total
7/23/2008	FORMA PAUPERIS	FP-08C2741-CK170887	-2.68	10.70	0.00	10.70
7/23/2008	FORMA PAUPERIS	FP-03C4718-CK170887	-3.35	13.38	0.00	13.38
7/22/2008	EPR	OID:100016256-ComisaryPurch-Reg	-3.28	16.73	0.00	16.73
7/16/2008	DEPMO	08-676015456	20.00	20.01	0.00	20.01
6/30/2008	DEBT FWD	ALL DEBT AT CONVERSION	0.00	0.01	0.00	0.01
6/30/2008	BALANCE FWD	BALANCE AT CONVERSION	0.01	0.01	0.00	0.01

**Resident Funds Inquiry**

Current User Name: PROGSERV Logout

ResId: 20020032025

Resident Id: 20020032025

Resident Name: MCROY, JAMES E.

Date of Birth: 1964-09-26

Location: 093D -33 -86

**Account Activity:**

Prior History

Date	Transaction Type	Transaction Description	Amount	Balance	Due	Total
6/30/2008	DEBT FWD	ALL DEBT AT CONVERSION	0.00	0.01	0.00	0.01
6/30/2008	BALANCE FWD	BALANCE AT CONVERSION	0.01	0.01	0.00	0.01





Managed Services

**Managed Better.****\*\*TRANSACTION REPORT\*\***

Print Date: 06/10/2008

Inmate Name: MCROY, JAMES E. Balance: \$16.92  
Inmate Number: 20020032025  
Inmate DOB: 9/26/1964

Stamp	Transaction	Amount	Balance
06/04/2008	ORDER DEBIT	-16.85	16.92
06/04/2008	RELEASE FUNDS	-8.45	33.77
06/04/2008	RELEASE FUNDS	-10.56	42.22
06/03/2008	CREDIT	40.00	52.78
05/28/2008	RELEASE FUNDS	-7.69	12.78
05/20/2008	CREDIT	20.00	20.47
05/14/2008	ORDER DEBIT	-15.65	0.47
05/12/2008	RELEASE FUNDS	-4.03	16.12
05/09/2008	CREDIT	20.00	20.15
04/23/2008	ORDER DEBIT	-0.17	0.15
04/16/2008	ORDER DEBIT	-1.99	0.32
04/15/2008	RELEASE FUNDS	-0.80	2.31
04/09/2008	ORDER DEBIT	-6.65	3.11
04/09/2008	RELEASE FUNDS	-2.44	9.76
04/04/2008	RETURN CREDIT	12.15	12.20
03/26/2008	ORDER DEBIT	-0.34	0.05
03/19/2008	ORDER DEBIT	-12.15	0.39
03/19/2008	RELEASE FUNDS	-3.70	12.54
03/13/2008	RELEASE FUNDS	-4.07	16.24
03/12/2008	ORDER DEBIT	-0.29	20.31
03/10/2008	CREDIT	20.00	20.60
03/05/2008	ORDER DEBIT	-39.40	0.60
02/28/2008	CREDIT	40.00	40.00
01/09/2008	ORDER DEBIT	-2.20	0.00
01/02/2008	ORDER DEBIT	-11.26	2.20
12/29/2007	RETURN CREDIT	1.56	13.46
12/27/2007	RELEASE FUNDS	-16.24	11.90
12/24/2007	ORDER DEBIT	-21.86	28.14
12/24/2007	CREDIT	50.00	50.00
10/10/2007	ORDER DEBIT	-24.11	0.00

10/04/2007	ORDER DEBIT	-21.35	24.11
09/27/2007	CREDIT	50.00	45.46
08/30/2007	LAW LIBRARY	-4.60	-4.54
06/21/2007	ORDER DEBIT	-1.77	0.06
06/14/2007	ORDER DEBIT	-23.20	1.83
06/08/2007	CREDIT	25.00	25.03
05/10/2007	ORDER DEBIT	-0.78	0.03
04/26/2007	ORDER DEBIT	-2.16	0.81
04/19/2007	ORDER DEBIT	-9.97	2.97
04/12/2007	ORDER DEBIT	-17.19	12.94
04/11/2007	CREDIT	30.00	30.13
03/22/2007	ORDER DEBIT	-0.51	0.13
03/19/2007	RELEASE FUNDS	-10.62	0.64
03/08/2007	ORDER DEBIT	-9.25	11.26
03/01/2007	LAW LIBRARY	-19.65	20.51
02/28/2007	CREDIT	40.00	40.16
12/20/2006	ORDER DEBIT	-0.78	0.16
12/06/2006	ORDER DEBIT	-6.45	0.94
11/15/2006	ORDER DEBIT	-22.67	7.39
11/15/2006	CREDIT	30.00	30.06
11/01/2006	ORDER DEBIT	-0.17	0.06
09/27/2006	ORDER DEBIT	-29.79	0.23
09/27/2006	CREDIT	30.00	30.02
09/06/2006	ORDER DEBIT	-0.36	0.02
08/31/2006	ORDER DEBIT	-0.97	0.38
08/23/2006	ORDER DEBIT	-3.87	1.35
08/16/2006	ORDER DEBIT	-14.80	5.22
08/15/2006	CREDIT	20.00	20.02
07/26/2006	ORDER DEBIT	-3.90	0.02
07/21/2006	LAW LIBRARY VOID	3.79	3.92
07/19/2006	ORDER DEBIT	-2.29	0.13
07/19/2006	LAW LIBRARY	-3.79	2.42
07/18/2006	RELEASE FUNDS	-43.79	6.21
07/14/2006	CREDIT	50.00	50.00
07/12/2006	ORDER DEBIT	-0.17	0.00
07/06/2006	ORDER DEBIT	-7.46	0.17
07/03/2006	LAW LIBRARY	-3.65	7.63
07/03/2006	LAW LIBRARY	-6.75	11.28
07/03/2006	LAW LIBRARY	-3.70	18.03
06/28/2006	ORDER DEBIT	-61.95	21.73
06/25/2006	RETURN CREDIT	3.70	83.68
06/21/2006	ORDER DEBIT	-90.27	79.98
06/19/2006	LAW LIBRARY	-2.40	170.25
06/19/2006	LAW LIBRARY	-28.65	172.65
06/19/2006	LAW LIBRARY	-0.95	201.30